

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2010 JUL 19 AM 7:50

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Robert V. Smith

Political Party (if applicable)

Republican

Office Sought

County Supervisor

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
REPORT

For Office Use Only

Comm #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Cheryl Smith
SIGNATURE OF PERSON FILING REPORT

712-647-3029

TELEPHONE

7-17-2010

DATE SIGNED

I AM FILING A July 19, 2010
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov. 2 2010

County & Local Committees, enter County in which Election is held

Harrison

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 50.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

150

Schedule F: Loans Received total (Attach Schedule F)

100

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

300.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

134.25

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

165.75

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

2682.91

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

2086.50

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/11/10	ID# CK#	Missouri Valley Times Sol E. Erie Mo. Valley IA 56555	Thank-you ad	\$ 134 ²⁵
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 134 ²⁵

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page _____ of _____

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/16/10	Renee Anderson	Friend	put up signs	\$ 25 ⁰⁰	<input type="checkbox"/>
5/24/10	Robert Smith	same	cash (ad)	283 ⁵⁰	<input type="checkbox"/>
6/11/10	Robert Smith	Same	cash (ad)	127 ⁵⁰	<input type="checkbox"/>
6/14/10	Robert Smith	Same	cash (ad)	78 ⁷⁵	<input type="checkbox"/>
6/16/10	Robert Smith	Same	cash (cash)	36 ¹³	<input type="checkbox"/>
7/2/10	Robert Smith	Same	cash (cash)	45 ⁵³	<input type="checkbox"/>
6/23/10	Robert Smith	Same	cash 4x8 signs	2086 ⁵⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 2682 ⁹¹	
TOTAL (if last page of this schedule)				\$ 2682 ⁹¹	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page _____ of _____
(for Schedule E)

RESET**COMMITTEE NAME** (Must be same as on Statement of Organization)

Smith for Supervisor

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** _____**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
6/15/2010	Cheryl Smith	wife	\$ 100.00

TOTAL (PART I) \$ 100.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

SMITH FOR Supervisor

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN
PROPERTYATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
6/23/10	4x8 signs	2086 50	Same

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 2086 50

* If estimated, show est. beside figure.

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____
(Attach Additional Schedules if Needed)Page _____ of _____ Pages
(For Schedule H)